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Attorney Docket No.: 018865-005000US
Client Ref. No.: 17732-19450

Examiner Sheila V. Clark at Fax No.: **1 703 308-7722**

On May 29, 2002

TOWNSEND and TOWNSEND and CREW LLP

By: 

Lata Olivier

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Rajeev Joshi

Application No.: 09/730,932

Filed: December 4, 2000

For: FLIP CHIP IN LEADED MOLDED
PACKAGE WITH TWO DIES

Examiner: Sheila V. Clark

Art Unit: 2815

RESPONSE TO RESTRICTION
REQUIREMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

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MAY 29 2002

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Applicant requests a two-month extension of time from April 11, 2002 to June 11, 2002, and authorize the Commissioner to charge the fee therefor to our deposit account in accordance with the attached Fee Transmittal sheet.

Atty Docket No. 018865-005000US

PTO FAX NO.: 1 703 308-7722

ATTENTION: Examiner Sheila V. Clark
TELEPHONE NO.: 1 703 308-4924

Group Art Unit 2811

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Sheila V. Clark

CERTIFICATION OF FACSIMILE TRANSMISSION

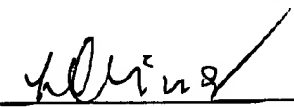
I hereby certify that the following document(s) in re Application of Rajeev Joshi, Application No. 09/.730,932, filed December 4, 2000 for FLIP CHIP LEADED IN MOLDED PACKAGE WITH TWO DIES is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Response to Restriction Requirement
2. Fee Transmittal (2)
3. Transmittal Form

Number of pages being transmitted, including this page: 6

Dated: 5/29/02



Lata Olivier

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Telephone: 415-576-0200
Fax: 415-576-0300
SF 1350492 v1

Honorio T. Granada, Jr., et al.
Application No.: 09/619,115
Page 2

PATENT

In response to the restriction requirement mailed March 12, 2002, applicant elects to prosecute Group I, claims 1-6. Applicant reserves the right to prosecute Group II claims 7 and 8 in a separate application..

Respectfully submitted,



Kevin T. LeMond
Reg. No. 35,933

TOWNSEND and TOWNSEND and CREW LLP
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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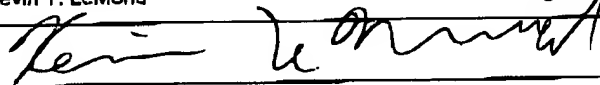
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/730,932	
	Filing Date	December 4, 2000	
	First Named Inventor	Joshi, Rajeev	
	Group Art Unit	2811	
	Examiner Name	Sheila V. Clark	
Total Number of Pages In This Submission	6	Attorney Docket Number	018865-005000US

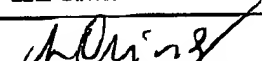
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Kevin T. LeMond Reg. No. 35,933
Signature	
Date	5/29/02

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 308-7722 on May 29, 2002	
Typed or printed name	Lata Olivier
Signature	
Date	5/29/02

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SF 1350495 v1

PTO/SB/17 (11-01)

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 400**Complete If Known**

Application Number 09/730,932
 Filing Date December 4, 2000
 First Named Inventor Joshi, Rajeev
 Examiner Name Shella V. Clark
 Group Art Unit 2811
 Attorney Docket No 018565-005000US

FAX COPY RECEIVED**MAY 29 2002****TECHNOLOGY CENTER 2800****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number

20-1430

Deposit
Account
NameTownsend and Townsend and
Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	208	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20**	X	
Independent Claims	-3**	X	
Multiple Dependent		X	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	64	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	400
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
136	1,510	136	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (Times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$400)

SUBMITTED BY

Name (Print/Type) Kevin T. LeMond Registration No. (Attorney/Agent) 35,833 Telephone 415-576-0200
 Signature [Signature] Date 5/29/02

Complete (if applicable)

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